

DATE: September 14, 2004, 2004

Phone: 626-333-3755

TIME: \_\_\_\_\_

FROM: Kenton AbelTOTAL NO. OF PAGES: 7  
(INCLUDING COVER)

TO:	COMPANY:	FAX #:	PHONE #:
Examiner Erika Garrett	US Patent & Trademark Office	703-872-9306	703-605-0758

**Message:**

Attached are the following for Application No. 10/803,218:

- 1) Transmittal letter
- 2) Response to Office Action dated August 26, 2004
- 3) Notice of Change of Address

Thank you again very much for your time in dealing with this patent application.

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*received by  
C.F. on  
9/16/04*

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FORM PTO-1083

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kenton B. ABEL

Serial No: 10/803,218

Filed: March 18, 2004

For: System, Method and Apparatus Adapted to Install  
a Child Safety Seat in a Vehicle

Art Unit: 3636

Examiner: Garrett, Erika P.

I hereby certify that this correspondence  
is being transmitted via facsimile to  
(703) 872-9306

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

September 14, 2004

Date of Deposit

Kenton Abel

Name

Signature *KX Abel* 9/14/2004

Date

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ A Petition for Extension of Time is enclosed.  
☐ An Associate Power of Attorney is enclosed.  
☒ No additional fee is required.

The fee has been calculated as shown below:

he fee has been calculated as shown below.

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	5	-	20	**	0	LG=\$18 SM=\$9	\$9.00	\$ 0
INDEPENDENT CLAIMS FEE	1	-	3	**	0	LG=\$88 SM=\$43	\$43.00	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145		\$ 0
TOTAL								\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check which includes the amount of \$\_\_\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check which includes the amount of \$\_\_\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ The Commissioner is hereby authorized to charge any deficiencies or fees associated with this communication or credit any overpayment to Deposit Account No.\_\_\_\_\_. **A copy of this sheet is enclosed.**
- ☐ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☐ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

Date: September 14, 2004

17360 Colima Rd., Box 805  
Rowland Heights, CA 91748By: *KX Abel*

Kenton Abel

Amendment

Patent  
**RECEIVED**  
CENTRAL FAX CENTER**SEP 14 2004**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kenton ABEL

Serial No: 10/803,218

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For: System, Method and Apparatus Adapted to  
Install a Safety Seat in a Vehicle

Art Unit: 3636

Examiner: Erika Garrett

I hereby certify that this correspondence  
is being facsimile transmitted to the  
Patent and Trademark Office at phone  
number 703-872-9306

September 14, 2004

Date of Transmittal

Kenton Abel

Name

K. Abel

Signature

9/14/2004

Date

**AMENDMENT**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated August 26, 2004, please amend the above-referenced application as follows:

**Amendments to the Claims** begin on page 2 of this paper.**Remarks** begin on page 4 of this paper.